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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Robert T. Schilling									
	(b) Address (number and street) 367 Ave of The Cities	☐ Check if address changed				Candidate's FEC Identification Number H0IL17059				
	(c) City, State, and ZIP Code					3. Is This	New		Amended	
	East Moline		IL	6124		Statement X	(N) OR		(A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate				
	REPUBLICAN PARTY	House			IL	17				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
Bobby Schilling for Congress										
(b) Address (number and street) 367 Avenue of The Cities Suite D										
	(c) City, State, and ZIP Code									
	East Moline				IL	61244				
(Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.										
NOTE: This designation should be filed with the principal campaign committee.										
(a) Name of Committee (in full)										
Wire To Wire Committee										
	(b) Address (number and street) 320 First Street SE									
	(c) City, State, and ZIP Code									
	Washington				DC	20003				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	gnature of Candidate				Date					
Re	obert T. Schilling			[Elec	tronically Filed]	10/02/2012				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)